

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | W        | 71534  | 64-03-00 |
| O.I.P.E. CLASSIFIER       |          | 10     | 4-10-C17 |
| FORMALITY REVIEW          |          | 46652  | 66-12-17 |
| RESPONSE FORMALITY REVIEW |          | 71616  | 10-11-02 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | 1     | 1        | 34/03   |
| 2     | 1     | 1        | 7/3/03  |
| 3     | 1     | 1        | 1/8/04  |
| 4     | 1     | 1        | 1/22/04 |
| 5     | ✓     | ✓        | ✓       |
| 6     | ✓     | ✓        | ✓       |
| 7     | 0     | 0        | 0       |
| 8     | 0     | 0        | 0       |
| 9     | ✓     | ✓        | ✓       |
| 10    | ✓     | ✓        | ✓       |
| 11    | ✓     | ✓        |         |
| 12    | ✓     | ✓        |         |
| 13    | ✓     | ✓        |         |
| 14    | ✓     | ✓        |         |
| 15    | ✓     | ✓        | ✓       |
| 16    | ✓     | ✓        | ✓       |
| 17    | 0     | 0        | 0       |
| 18    | 0     | 0        | 0       |
| 19    | ✓     | ✓        | ✓       |
| 20    | ✓     | ✓        | ✓       |
| 21    | ✓     | ✓        |         |
| 22    | ✓     | ✓        |         |
| 23    | ✓     | ✓        |         |
| 24    | ✓     | ✓        |         |
| 25    | ✓     | ✓        | ✓       |
| 26    | ✓     | ✓        | ✓       |
| 27    | 0     | 0        | 0       |
| 28    | 0     | 0        | 0       |
| 29    | ✓     | ✓        | ✓       |
| 30    | ✓     | ✓        | ✓       |
| 31    | ✓     | ✓        | ✓       |
| 32    | 0     | 0        | 0       |
| 33    | 0     | 0        | 0       |
| 34    | 0     | 0        | 0       |
| 35    | N     |          |         |
| 36    | N     |          |         |
| 37    | N     |          |         |
| 38    | N     |          |         |
| 39    | N     |          |         |
| 40    | N     |          |         |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here